

STRICT REGISTRATION SESSION 1 - MAY 25 SESSION 2 – JUNE 8 SESSION 3 – JUNE 29

## **SWIMMING LESSONS SCHEDULE 2021**

Tuesday – Friday (2 weeks - 8 class periods)

<u>SESSION 1 (JUNE 1 – 11)</u>	<u>SESSION 2 (JUNE 15 – 25)</u>	<u>SESSION 3 (JULY 6 – 16)</u>
Morning Classes	<b>Morning Classes</b>	Morning Classes
9:00 – 9:45	9:00 – 9:45	9:00 – 9:45
10:00 - 10:45	10:00 - 10:45	10:00 - 10:45
11:00 - 11:45	11:00 - 11:45	11:00 - 11:45
Afternoon Classes	Afternoon Classes	NO afternoon classes this session.
5:30 – 6:15	5:30 – 6:15	

REGISTRATION BEGINS: MAY 1<sup>ST</sup>, 8:00 AM – 4:00 PM AT THE CITY POOL OR SPORTPLEX GYM

Fee: \$40

Make checks payable to Alexander City Parks & Recreation - PO Box 552, Alexander City, AL 35010

At the beginning of the swimming season, please recognize swimming skills may have to be relearned. Students may have to be placed in classes according to their current ability. When the student's skills become proficient for another level, the instructors will make every effort to make the change. Each student will be assessed by Red Cross Certified Swimming Lesson Instructors, using Red Cross Learn to Swim guidelines, to determine the appropriate level.

Student's Name:					Age:	
Address:			City:		State:	Zip:
Home Phone:		_ Cell Phone: _	Phone:		Other:	
Name of Daycare (if	child will be com	ing with one): _				
WHICH SESSION?	SESSION 1	SESSI	ION 2	SESSI	ON 3	
WHAT TIME?	9:00 AM	10:00 AM	11:00 AM	5:30 F	PM	
	Water Skills				LEVEL 5 – Stroke LEVEL 6 – Fitnes	
Parent's Names (Ple	ase Print)					
Parent's Signature:					Date:	



## **COOPER RECREATION CENTER**

## **SWIMMING LESSONS SCHEDULE 2021**

Tuesday - Friday (2 weeks - 8 class periods)

JUNE 1 – 11 Morning Classes 10:00 – 10:45

Afternoon Classes 5:30 – 6:15



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Student's Name:			Age:		
Address:		City:	State: Zip:		
Home Phone:		Cell Phone:	Other:		
Name of Daycare (i	f child will be con	ning with one):			
WHAT TIME?	10:00 AM	5:30 PM			
		<b>LEVEL 3</b> – Stroke Development <b>LEVEL 4</b> – Stroke Improvement			
Parent's Names (Pl	ease Print)				
Parent's Signature:		<del>-</del>	Date:		